

<b>MULTIPLE DEPENDENT CLAIM                      FEE CALCULATION SHEET</b> Substitute for Form PTO-1350 (For use with Form PTO/SB/06)							Application Number <b>10/869807</b>	Filing Date				
Applicant(s)							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
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